

## Draft Quality Control Inspection Report

Revised Mar  
27 2015

Agency: \_\_\_\_\_

Date home was built: \_\_\_\_\_

Client name: \_\_\_\_\_

Single Family \_\_\_\_\_

Manufactured \_\_\_\_\_

Multi-Family \_\_\_\_\_

Address: \_\_\_\_\_

Job Number: \_\_\_\_\_

Energy Auditor: \_\_\_\_\_

Date: \_\_\_\_\_

Final Inspector: \_\_\_\_\_

Date: \_\_\_\_\_

Field Monitor: \_\_\_\_\_

Date: \_\_\_\_\_

## Client Interview

	Interim		Final		Monitor		SWS Detail
	Y	N	Y	N	Y	N	
Proficient client education performed:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2.01-2.07
Client expressed satisfaction with the work & workers:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Client understands maintenance/warranty procedures:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2.07

Client response :

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## Visual/ Sensory Inspection

	Interim		Final		Monitor		SWS Detail
	Y	N	Y	N	Y	N	
All debris and trash removed from the jobsite:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

## Indiana Weatherization Final Inspection Form

No indication of lead dust. LSW pictures in client file:

☐ ☐
☐ ☐
☐ ☐

### Documentation Review

Interim

Final

Monitor

SWS Detail

Y      N

Y      N

Y      N

All required documentation properly completed:

☐ ☐
☐ ☐
☐ ☐

All signatures present:

☐ ☐
☐ ☐
☐ ☐

Accurate Invoices or material & labor accounting of job:

☐ ☐
☐ ☐
☐ ☐

Documentation supports proper work flow:

☐ ☐
☐ ☐
☐ ☐

Documentation of all workers carrying proper credentials:

☐ ☐
☐ ☐
☐ ☐

Comments:

### Health and Safety/Incidental Repairs

Y      N

Y      N

Y      N

Is the unit ASHRAE 62.2 compliant:

☐ ☐
☒ ☐
☐ ☐

Measured CFM:




Have all appropriate incidental repairs been addressed:

☐ ☐
☐ ☐
☐ ☐

Have all health and safety issues been addressed:

☐ ☐
☐ ☐
☐ ☐

Comments:

# Indiana Weatherization Final Inspection Form

## Pressure Diagnostics

	Audit	Final	Monitor	SWS Detail
Blower Door CFM50	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Pressure difference to attic 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Pressure difference to attic 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Pressure difference to crawl or basement	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Pressure difference to attached garage	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Pressure difference to attached porch	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other (describe):	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other (describe):	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other (describe):	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Comments:

## Pressure Pan Readings

	Audit	Final	Monitor	SWS Detail
Living room	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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Living room	<input type="text"/>	<input type="text"/>	<input type="text"/>	_____
Dining room	<input type="text"/>	<input type="text"/>	<input type="text"/>	_____
Kitchen	<input type="text"/>	<input type="text"/>	<input type="text"/>	_____
Bedroom 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	_____
Bedroom 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	_____
Bedroom 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	_____
Bedroom 4	<input type="text"/>	<input type="text"/>	<input type="text"/>	_____
Bath 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	_____
Bath 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	_____
Other	<input type="text"/>	<input type="text"/>	<input type="text"/>	_____
Return 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	_____
Return 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	_____
Return 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	_____
Return 4	<input type="text"/>	<input type="text"/>	<input type="text"/>	_____

Bedroom PD WRT Main Body with Furnace Blower On and Interior Doors Closed

Audit

Final

Monitor

SWS Detail

## Indiana Weatherization Final Inspection Form

Bedroom 1				
Bedroom 2				
Bedroom 3				
Bedroom 4				

### Main Body PD WRT Outside with Furnace Blower On

	Audit	Final	Monitor	SWS Detail
Main Body				

Comments:

### Thermal Boundry-Attic

	Audit	Final	Monitor	SWS Detail
	Y   N	Y   N	Y   N	
Has all air sealing & attic prep been completed:	○   ○	○   ○	○   ○	
Attic 1 R-value				
Attic 2 R-value				

	Audit	Final	Monitor	
	Y   N	Y   N	Y   N	
Is the attic properly insulated:	○   ○	○   ○	○   ○	
Has clearance to combustables requirements been met:	○   ○	○   ○	○   ○	
Are ducts in the attic insulated to the minimum of R8:	○   ○	○   ○	○   ○	

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Is there a properly completed Certificate of Insulation: ☐ ☐ ☐ ☐ ☐ ☐ \_\_\_\_\_

Has attic access been properly air sealed & insulated: ☐ ☐ ☐ ☐ ☐ ☐ \_\_\_\_\_

Mobile home ceiling insulation > than an R-11: ☐ ☐ ☐ ☐ ☐ ☐ \_\_\_\_\_

Comments:

Thermal Boundry-Above Grade Walls

	Audit		Final		Monitor		SWS Detail
	Y	N	Y	N	Y	N	
Were the sidewalls previously insulated:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
If NO, were the sidewalls properly dense packed:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Were wall cavities accessed to confirm insulation:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Was infrared camera used to confirm insulation coverage:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Are the walls free of workmanship issues:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Does bag count represent insulation cover area:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Mobile home walls meet <1 inch of open wall cavity:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Comments:


### Thermal Boundry-Basement/Crawl

	Audit		Final		Monitor		SWS Detail
	Y	N	Y	N	Y	N	
Does crawl space have proper vapor barrier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Is the rim joist air sealed & insulated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

# Indiana Weatherization Final Inspection Form

Or

Is foundation wall air sealed & insulated:

☐ ☐
☐ ☐
☐ ☐

\_\_\_\_\_

Is crawlspace ceiling air sealed & insulated:

☐ ☐
☐ ☐
☐ ☐

\_\_\_\_\_

Are ducts in crawlspace/basement insulated to R-8:

☐ ☐
☐ ☐
☐ ☐

\_\_\_\_\_

Are water pipes protected from freezing

☐ ☐
☐ ☐
☐ ☐

\_\_\_\_\_

Is mobile home belly properly aligned and insulated:

☐ ☐
☐ ☐
☐ ☐

\_\_\_\_\_

## Baseload Measures

	Audit		Final		Monitor		SWS Detail
	Y	N	Y	N	Y	N	
Is lighting retrofit adequate & strategic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Water heater system retrofit was appropriate:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Refrigerator was replaced:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____

## In-Progress/Interim/Final Inspection/Monitoring issues to be addressed

		Completed		Initials	
1	_____	Y	<input type="checkbox"/>	<input type="checkbox"/>	_____
2	_____	Y	<input type="checkbox"/>	<input type="checkbox"/>	_____
3	_____	Y	<input type="checkbox"/>	<input type="checkbox"/>	_____
4	_____	Y	<input type="checkbox"/>	<input type="checkbox"/>	_____
5	_____	Y	<input type="checkbox"/>	<input type="checkbox"/>	_____
6	_____	Y	<input type="checkbox"/>	<input type="checkbox"/>	_____

In-Progress Inspection: \_\_\_\_\_ Date: \_\_\_\_\_

Interim Inspection: \_\_\_\_\_ Date: \_\_\_\_\_

Final Quality Control Inspector: \_\_\_\_\_ Date: \_\_\_\_\_

Pass/Fail

# Indiana Weatherization Final Inspection Form

All work performed meets client satisfaction

YES	<input type="radio"/>	NO	<input type="radio"/>	
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Client signature: \_\_\_\_\_ Date: \_\_\_\_\_

Re-Work Final QCI Inspector: \_\_\_\_\_ Date: \_\_\_\_\_

Pass/Fail \_\_\_\_\_ Date: \_\_\_\_\_

Field Monitoring Inspector: \_\_\_\_\_ Date: \_\_\_\_\_

Field Monitoring: Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_